

NURSING IN MISSION STATIONS



A VISIT TO THE MEMORIAL HOSPITAL, LODHIANA, PUNJAB, INDIA

By "SANSI."

This is one of the largest mission hospitals in India, and is connected with the North Indian School of Medicine for Christian Women.

The first block, built in memory of a Sister, was opened in 1899 with about forty beds; to-day the main building covers four sides of a square. More land has been acquired on which a theatre, ward for private patients, and a very fine out-patient department has been erected; the capacity now is one hundred beds. On October 5, 1901, there were five beds occupied, now the one hundred beds are often occupied. Those who have watched with interest from year to year its growth are struck with the rapidity of it. In 1906 there were 866 in-patients treated; in 1907 the number reached 1188. The increase in the out-patient department was from 13,366 in 1906 to 16,577 in 1907.

Viewed from the outside, one is struck by the lack of windows and doors. There are some windows but they are not very large and seem so high up, and the one door is covered with a reed curtain, but this very thing which seems a drawback to our western minds, is a great recommendation to the eastern, who seek seclusion for their women.

When we enter, the contrast is great. Let us picture a large one storied building with a flat roof, built on four sides of a large square, with the back turned out towards the road which runs on three sides of it. To the front, wide verandas run right round, and in the inclosed square different kinds of trees have been planted which are already beginning to afford a pleasant shade, where the patients who are able to come out delight to sit. This seems an ideal plan for a Zenana (women's) hospital.

As we enter the oldest block, through the one door which leads off the public road, we find ourselves in a small hall; opening off this to the right and left are two small private rooms. These are for private native ladies who pay about sixteen cents per day, supplying their own food. Sometimes poor Europeans, who cannot afford the larger rooms, take

these, and pay about half a dollar a day. This includes board,—medicine and treatment being free.

From the hall we enter a fair-sized room which is used as the nursing superintendent's office. This contains a wall cupboard in which are kept the linen in daily use in the ward, stock medicines, etc. Sitting at the large table in the centre of the room we noticed, when the doors were open, that we could see everything that was going on in the two large wards which opened off at right and left. The ward to the right contained sixteen beds and was set apart for Hindus. The ward to the left, which was exactly the same, was reserved for Mohammedans.

In both these wards the upper portion of the wall and ceiling was limewashed, while a dado of washing paint in a dark shade of peacock blue about four feet high looked very effective. The woodwork of the doors, windows, and screens was brown, the curtains of the screens being red turkey twill. The white enamelled bedsteads were covered with red blankets, and the combination of colors was very pleasing. Beside each bed was a plain white wood table on which stood the earthenware water bottle used in this part of India. Over each bed was a small medicine bracket; we were told that these had been found very useful, as often there would be three women of the same name in the ward at the same time, and as they had no surname by which they could be distinguished, when the medicines were kept in a cupboard it caused confusion. Now, the nurse whose duty it is to see the medicines brought from the drug room, carefully divides them out and puts each patient's medicine in the bracket over her head.

Up to last year, medical and surgical patients were treated in the same wards. This to our western ideas sounds bad, but it has been done for two reasons: first, because there were only these two main wards, and as the different castes must be kept separate it was not possible to set one of these apart for medical cases; and second, often the surgical and medical patients would be friends and would make it one of the conditions on which they would consent to stay for treatment that their beds be side by side. The new block of buildings contains a medical ward.

The children's ward is also in the new block. In India, children's ward does not mean exactly the same as it does with us. Parents will hardly ever let their children come as in-patients unless the mother or some relative can stay with them, and as this generally means that the mother must occupy the same bed as the child, they are treated in the ward with adult patients. But every mission hospital in India has its own babies. They are sometimes orphans, and often when a baby is not wanted by the friends, it may be because the mother was not married,

or because it's a girl and the people are very poor, it is brought and given to the doctor.

Next we are shown the theatre which is detached from the rest of the building so that there is no fear of infection from the wards. As the majority of the patients are surgical, this is a very important place. The operating room is a fine room with rounded corners and painted with a whitewashing paint. Opening off it are the anaesthesia room, the instrument and dressing rooms, and the linen and sterilizing rooms.

A pressing need has been a larger sterilizing apparatus, as the small one now in use is inadequate and unsafe. This is one of the things for which funds are now asked. Perhaps some who read this could help.

There are four nice sized private wards for European patients, but what interested us more than any other part of the hospital were the wards especially built for native ladies. Two of these were built by a Hindu gentleman in memory of his wife. They are nice sized rooms with a very fine veranda in front. As is the custom in India, each room has its own bathroom. In addition, each of these rooms has a cook room and a separate court-yard with a door opening out on the public road. For these the charge is about thirty-two cents per day. They are taken generally by rich native ladies who bring their servants and often some of their own furniture and almost always a goodly number of relatives. Their male relatives can come in at any time except when the doctor or nurse is present. Their own servants cook for them, and often it seems as if the whole family came to the hospital for the time being. We were told that patients have come in from the country round bringing husband, brother, and all their children. The men not being allowed to stay at night, simply hired rough country beds and slept on the roadside outside the hospital walls.

That patients should be allowed to have their food cooked in their rooms needs explanation. No well-to-do patient would eat hospital food, not only from caste principle, which means so much to them, but they have an extraordinary idea that while they may take medicines free, it would be beneath their dignity to take food without paying, so that all who can afford, even if they are in the free ward, get their food from home. Of course this has its drawback, as it is often difficult to supervise what they get, and often when the doctor has ordered a light diet, curry and the unleavened bread of the country will be smuggled in by friends, so that nurses have to keep a sharp lookout.

My readers may well ask how any nursing is done for the patients who take these private wards if they have their friends with them. If the patients are very ill, or after an operation, where quiet is required,

it is explained to the husband or other male relation that only one woman can be allowed to stay with the patient. When things are explained to them they are always willing to do what the doctor thinks necessary. Indeed, it is often wonderful the confidence they have; in their polite Eastern way a man will say of his wife to the doctor: "She is your daughter, do whatever you wish to her." But when patients come in for slight ailments they expect to be allowed to live in these rooms pretty much as they do in their own home. They feel this is the privilege for which they pay.

The last block visited was the new out-patient department. This contains an open waiting room where, during consulting hours, a Bible woman sits and sings hymns and tells the Gospel story to the patients in their own language. There are also consulting room, dispensary, drug store, dressing room, eye room and gynaecology room. This block was opened last year and has been found a great comfort.

Building is still going on. We were told that a ward for students and nurses and additional accommodation for the staff are to be built this year, and that an isolation block, a yard for the open-air treatment of tuberculosis, and a laundry are being planned for the future.

In 1904, a scheme for the reconstruction of the training school for nurses was laid before the committee and accepted. Previous to this there was no fixed standard of education required for candidates and the length of training was two years only. The new scheme required a definite standard of education, and the length of training was raised to three years, three months extra being required if pupils wished to study midwifery and take the government diploma in that branch. Candidates are admitted on three months' probation. They are chiefly Indian Christian girls, but Europeans and Eurasians are also taken. The opportunities for surgical training are exceptionally good and the theoretical training is very thorough. Courses of lectures in anatomy, physiology, minor surgery, hygiene and the administration of anaesthetics are given by the teaching staff of the North India School of Medicine. At present there are fifteen pupil nurses.

We shall now say something about the efforts that are made to win the patients from heathendom to Christ. First, and most important of all, is the daily life of the Christian doctors and nurses which is watched so closely and often commented on by the patients. Then every morning in the wards, the doctors, students, and nurses take morning prayers in turn. Every Sunday afternoon one of the doctors takes a service. This is a special opportunity, as friends of the patients are allowed to come. Then every afternoon at a time when most of the nurses are having a

rest and there is little to do in the wards, a Bible woman comes and teaches any who wish. Then, as we mentioned, the Bible woman sits in the out-patient waiting room during consulting hours and teaches there. Thus in the course of the year thousands of women and children hear the good news of One who has come to save them.

What are the results? Some have left all and followed Him, and others, though they have not the courage to break old ties, have found rest for their weary souls, and God knows them that are His.

It might interest readers of this article to know that the nurses of Clifton Springs Sanitarium support a bed in this hospital.

ITEM

Spirit of Missions says: Plans are under way for the erection of a home for nurses, in Manila, to cost \$5600. While this amount will not supply an entirely adequate house, it is all the money on hand at present. A good beginning has been made in the training of young Filipino women as nurses at the University Hospital.



TRANSPLANTATION OF OVARIES.—The *American Journal of Surgery* says: Martin reports in *Surgery, Gynaecology and Obstetrics*, the further history of two cases of heterotransplantation of the ovaries. In neither did the menstrual function return, although distinct relief of menopause symptoms resulted. A third case has been lost sight of. In five cases of homotransplantation, menstruation continued in four, and no menopause symptoms developed. In the first two cases a considerable period had elapsed between the removal of the ovaries and a second operation for transplantation, thus allowing uterine atrophy to progress, possibly beyond a point where *restitutio ad integrum* was to be expected. The technic in heterotransplantation consisted in reëstablishing a tubal lumen and implanting thin disks of normal ovary into the broad ligament close to the site of the new tubal outlet. In homotransplantation, thin disks of remaining normal ovarian tissue are similarly implanted. The operation causes no unusual reaction, and is worth trying. References and abstracts of the literature covering the entire subject conclude this interesting article.